

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Developmental Disabilities

FOSTER PARENT WRAP-UP (FEEDBACK ON SERVICES)

Purpose: This two-page form is filled out by the foster parent when the case manager for the child changes and/or when a placement ends. The purpose of this form is to evaluate the services, management system, licensing worker, case manager and patterns that need to be modified to provide more adequate services. The foster parent should mail the completed form to the licensing supervisor and the case manager supervisor (intake or ongoing). Where there is not a supervisor holding that title, the assistant program manager is the designated party.

FOSTER CHILD'S NAME *(Last, First, M.I.)*

FOSTER PARENT'S NAME

CHILD'S CASE MANAGER'S NAME

LICENSING WORKER'S NAME

AT THE BEGINNING OF PLACEMENT	YES	NO	NOT APPLICABLE
1. Did you receive a Comprehensive Medical Dental Program (CMDP) number or AHCCCS Card for the child at the time of placement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Did you receive a CMDP card or AHCCCS card (by mail or hand delivered) within 2 months after placement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Did the case manager complete the necessary forms in the Child's Placement Packet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Were you informed of the case plan at the time of placement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did you have adequate support and assistance during the first few weeks of placement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Was your input regarding the case requested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Were the clothing needs of the child discussed with the case manager at time of placement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Was the initial/emergency clothing money received in a timely manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS

DURING PLACEMENT	YES	NO	NOT APPLICABLE
9. Do you feel you were given adequate opportunity for input in the child's case plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Were you informed in a timely manner of any changes in the case plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. If you requested a meeting with a team member, was it held?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Were phone calls returned in a timely manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Did you receive notification of all court hearings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Did you receive (by mail) minute entries from each court hearing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Were the training workshops you attended useful in working with this placement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. In times of crisis, did you feel you received the support you needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Did the foster child receive adequate services (e.g., counseling, child care evaluation, medical services, job service referral, special education)? If no, explain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Did you experience problems with the Health Plan in meeting the needs of the child? If yes, explain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DURING PLACEMENT (continued)	YES	NO	NOT APPLICABLE
19. Did you have contact with the birth parents as part of the case plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Did you have adequate support and assistance from your case manager? If no, explain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Was your licensing worker adequately supportive and able to assist you in problem solving issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Were you informed of the Foster Care Review Board hearings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Did you attend Foster Care Review Board hearings or give your input either by phone or in writing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Did the child's attorney have contact with the child before presenting the child in court?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Did the case manager keep the child informed of plans occurring regarding him/her?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS

END OF PLACEMENT	YES	NO	NOT APPLICABLE
26. Did you provide input regarding the removal of the child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Were the reasons for the removal discussed with you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Was the information about the child's needs behavior, etc. solicited from you in order to facilitate a good transition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS

Not all service areas are included above. Please use the following space to explain/discuss significant events which occurred in the delivery of services to this child that should be noted.

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